



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2012  
OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	95453	Employer's ID Number	38-2396958
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ]      Property/Casualty [ ]      Dental Service Corporation [ ] Vision Service Corporation [ ]      Other [ ]      Health Maintenance Organization [ X ] Hospital, Medical & Dental Service or Indemnity [ ]      Is HMO, Federally Qualified? Yes [ ] No [ X ]					
Incorporated/Organized	12/03/1981		Commenced Business	02/05/1982		
Statutory Home Office	829 Forest Hill Ave SE		Grand Rapids, MI, US 49546-2325			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	829 Forest Hill Ave SE					
	Grand Rapids, MI, US 49546-2325		616-949-2410			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	829 Forest Hill Ave SE		Grand Rapids, MI, US 49546-2325			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	829 Forest Hill Ave SE					
	Grand Rapids, MI, US 49546-2325		616-949-9944-122			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	gvhp.com					
Statutory Statement Contact	Pamela Lea Silva		616-949-9944-122			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	silvap@gvhp.com		616-949-9948			
	(E-mail Address)		(FAX Number)			

OFFICERS

Name	Title	Name	Title
Roland E Palmer	President	Thomas W Schouten	Treasurer/Secretary
Pamela L Silva	Vice President/COO		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Roland E Palmer	Thomas W Schouten	Daniel Wallace	Robert Schirado
Pamela L Silva	Richard C Fletcher	Herbert A Start	Kathy Lentz
Athena M Cronberg	Steven A Manifold		

State of .....Michigan.....

ss

County of .....Kent.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Roland E Palmer President	Thomas W Schouten Treasurer/Secretary	Pamela L Silva Vice President/COO
Subscribed and sworn to before me this 28 day of February, 2013	a. Is this an original filing? Yes [ X ] No [ ] b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	   02/28/2012
Ruth A. Klinger 05/08/2018		

## ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]



**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

20

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.**

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

# NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	492,039		490,923	1,116	1,116	
2. Medical furniture, equipment and fixtures .....	1,114,934		1,114,934	0		
3. Pharmaceuticals and surgical supplies .....	190,812			190,812		190,812
4. Durable medical equipment .....						
5. Other property and equipment	404,000		404,000	0		
6. Total	2,201,785	0	2,009,857	191,928	1,116	190,812





ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2012				NAIC Company Code		95453
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	7,925	73	6,388				1,464			
2 First Quarter .....	6,801	69	5,589				1,143			
3 Second Quarter .....	6,395	67	5,202				1,126			
4. Third Quarter .....	6,202	84	5,009				1,109			
5. Current Year	6,086	81	4,900				1,105			
6 Current Year Member Months	77,675	910	62,690				14,075			
Total Member Ambulatory Encounters for Year:										
7. Physician .....	23,238	285	18,702				4,251			
8. Non-Physician .....	8,170	93	6,548				1,529			
9. Total	31,408	378	25,250	0	0	0	5,780	0	0	0
10. Hospital Patient Days Incurred	1,182	46	791				345			
11. Number of Inpatient Admissions	283	9	201				73			
12. Health Premiums Written (b).....	26,008,142	339,242	19,850,031				5,818,869			
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	26,008,142	339,242	19,850,031				5,818,869			
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	24,711,410	289,506	19,944,104				4,477,800			
18. Amount Incurred for Provision of Health Care Services	24,050,087	281,758	19,410,363				4,357,966			

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. (LOCATION)

NAIC Group Code		0000		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2012				NAIC Company Code		95453	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year .....	7,925	73	6,388	0	0	0	1,464	0	0	0			
2 First Quarter .....	6,801	69	5,589	0	0	0	1,143	0	0	0			
3 Second Quarter .....	6,395	67	5,202	0	0	0	1,126	0	0	0			
4. Third Quarter .....	6,202	84	5,009	0	0	0	1,109	0	0	0			
5. Current Year	6,086	81	4,900	0	0	0	1,105	0	0	0			
6 Current Year Member Months	77,675	910	62,690	0	0	0	14,075	0	0	0			
Total Member Ambulatory Encounters for Year:													
7. Physician .....	23,238	285	18,702	0	0	0	4,251	0	0	0			
8. Non-Physician .....	8,170	93	6,548	0	0	0	1,529	0	0	0			
9. Total	31,408	378	25,250	0	0	0	5,780	0	0	0			
10. Hospital Patient Days Incurred	1,182	46	791	0	0	0	345	0	0	0			
11. Number of Inpatient Admissions	283	9	201	0	0	0	73	0	0	0			
12. Health Premiums Written (b).....	26,008,142	339,242	19,850,031	0	0	0	5,818,869	0	0	0			
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned.....	26,008,142	339,242	19,850,031	0	0	0	5,818,869	0	0	0			
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services .....	24,711,410	289,506	19,944,104	0	0	0	4,477,800	0	0	0			
18. Amount Incurred for Provision of Health Care Services	24,050,087	281,758	19,410,363	0	0	0	4,357,966	0	0	0			

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

29.GT

## ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.

## SCHEDULE S - PART 1 - SECTION 2

**Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
0999999 Totals						0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.

## SCHEDULE S - PART 2

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year**

[illegible]

## 32

## 32

32

32

Schedule S - Part 4

NONE

Schedule S - Part 4 - Footnote(a) Detail

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Footnote(a) Detail

NONE

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	335	574	462	546	515
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	422	0	0	0	0
5. Total hospital and medical expenses.....	17,741	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	78	0	197	0	494
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	XXX	XXX	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	0	XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	XXX	XXX	XXX	XXX
19. Letters of credit (L).....	0	XXX	XXX	XXX	XXX
20. Trust agreements (T).....	0	XXX	XXX	XXX	XXX
21. Other (O)	0	XXX	XXX	XXX	XXX

SCHEDULE S-PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	5,217,856		5,217,856
2. Accident and health premiums due and unpaid (Line 15).....	44,531		44,531
3. Amounts recoverable from reinsurers (Line 16.1).....	77,515	(77,515)	0
4. Net credit for ceded reinsurance.....	xxx	77,515	77,515
5. All other admitted assets (Balance).....	454,257		454,257
6. Total assets (Line 28)	5,794,159	0	5,794,159
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	2,035,000	0	2,035,000
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	73,947		73,947
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	1,085,288		1,085,288
15. Total liabilities (Line 24).....	3,194,235	0	3,194,235
16. Total capital and surplus (Line 33).....	2,599,924	xxx	2,599,924
17. Total liabilities, capital and surplus (Line 34)	5,794,159	0	5,794,159
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	77,515		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	77,515		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	77,515		



SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL .....						0
2. Alaska .....	AK .....						0
3. Arizona .....	AZ .....						0
4. Arkansas .....	AR .....						0
5. California .....	CA .....						0
6. Colorado .....	CO .....						0
7. Connecticut .....	CT .....						0
8. Delaware .....	DE .....						0
9. District of Columbia .....	DC .....						0
10. Florida .....	FL .....						0
11. Georgia .....	GA .....						0
12. Hawaii .....	HI .....						0
13. Idaho .....	ID .....						0
14. Illinois .....	IL .....						0
15. Indiana .....	IN .....						0
16. Iowa .....	IA .....						0
17. Kansas .....	KS .....						0
18. Kentucky .....	KY .....						0
19. Louisiana .....	LA .....						0
20. Maine .....	ME .....						0
21. Maryland .....	MD .....						0
22. Massachusetts .....	MA .....						0
23. Michigan .....	MI .....						0
24. Minnesota .....	MN .....						0
25. Mississippi .....	MS .....						0
26. Missouri .....	MO .....						0
27. Montana .....	MT .....						0
28. Nebraska .....	NE .....						0
29. Nevada .....	NV .....						0
30. New Hampshire .....	NH .....						0
31. New Jersey .....	NJ .....						0
32. New Mexico .....	NM .....						0
33. New York .....	NY .....						0
34. North Carolina .....	NC .....						0
35. North Dakota .....	ND .....						0
36. Ohio .....	OH .....						0
37. Oklahoma .....	OK .....						0
38. Oregon .....	OR .....						0
39. Pennsylvania .....	PA .....						0
40. Rhode Island .....	RI .....						0
41. South Carolina .....	SC .....						0
42. South Dakota .....	SD .....						0
43. Tennessee .....	TN .....						0
44. Texas .....	TX .....						0
45. Utah .....	UT .....						0
46. Vermont .....	VT .....						0
47. Virginia .....	VA .....						0
48. Washington .....	WA .....						0
49. West Virginia .....	WV .....						0
50. Wisconsin .....	WI .....						0
51. Wyoming .....	WY .....						0
52. American Samoa .....	AS .....						0
53. Guam .....	GU .....						0
54. Puerto Rico .....	PR .....						0
55. US Virgin Islands .....	VI .....						0
56. Northern Mariana Islands .....	MP .....						0
57. Canada .....	CAN .....						0
58. Aggregate Other Alien .....	OT .....						0
59. Totals		0	0	0	0	0	0

NONE

## ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.

**SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

[illegible]

# NONE

## ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Grand Valley Health Plan, Inc.

## SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |   | Responses     |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | .....YES..... |
| 2. Will an actuarial opinion be filed by March 1?   | .....YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | .....YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | .....YES..... |

APRIL FILING

- |  |               |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | .....YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | .....YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | .....YES..... |

JUNE FILING

- |  |               |
|--|---------------|
| 8. Will an audited financial report be filed by June 1?  | .....YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | .....YES..... |

AUGUST FILING

- |  |               |
|--|---------------|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | .....YES..... |
|--|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |  |              |
|--|--------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | .....NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | .....NO..... |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?   | .....NO..... |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....NO..... |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | .....NO..... |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | .....NO..... |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | .....NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | .....NO..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | .....NO..... |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | .....NO..... |

APRIL FILING

- |  |               |
|--|---------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO.....  |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | .....NO.....  |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?          | .....NO.....  |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                              | .....YES..... |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | .....YES..... |

AUGUST FILING

- |  |               |
|--|---------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | .....YES..... |
|--|---------------|

Explanation:













11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

Bar code:

12.	 9 5 4 5 3 2 0 1 2 2 0 5 0 0 0 0 0
13.	 9 5 4 5 3 2 0 1 2 2 0 7 0 0 0 0 0
14.	 9 5 4 5 3 2 0 1 2 4 2 0 0 0 0 0 0
15.	 9 5 4 5 3 2 0 1 2 3 7 1 0 0 0 0 0
16.	 9 5 4 5 3 2 0 1 2 3 7 0 0 0 0 0 0
17.	 9 5 4 5 3 2 0 1 2 3 6 5 0 0 0 0 0
18.	 9 5 4 5 3 2 0 1 2 2 2 4 0 0 0 0 0
19.	 9 5 4 5 3 2 0 1 2 2 2 5 0 0 0 0 0
20.	 9 5 4 5 3 2 0 1 2 2 2 6 0 0 0 0 0
21.	 9 5 4 5 3 2 0 1 2 3 0 6 0 0 0 0 0
22.	 9 5 4 5 3 2 0 1 2 2 1 1 5 9 0 0 0
23.	 9 5 4 5 3 2 0 1 2 2 1 3 0 0 0 0 0

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# ALPHABETICAL INDEX

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